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PTO/SB/30 (10/2001)

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# REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL

Address to:  
Commissioner for Patents  
Box RCE  
Washington, DC 20231

Application Number	09/351,057
Filing Date	July 12, 1999
First Named Inventor	Slon-Usakievicz
Art Unit	1614
Examiner Name	Delacroix-Muirhead, C.
Attorney Docket Number	PKI-194J

#23  
JES  
6/12/03

## This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application

Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application. See Instruction Sheet for RCEs (not to be submitted to the USPTO) on page 2.

### 1. Submission required under 37 CFR §1.114

#### a. ☒ Previously submitted

i. ☒ Consider the amendment(s)/reply under 37 CFR §1.116 previously filed on February 25, 2003  
(Any unentered amendment(s) referred to above will be entered).

ii. ☐ Consider the arguments in the Appeal Brief or Reply Brief previously filed on \_\_\_\_\_

iii. ☐ Other \_\_\_\_\_

#### b. ☐ Enclosed

i. ☐ Amendment/Reply

iii. ☐ Information Disclosure Statement (IDS)

ii. ☐ Affidavit(s)/Declaration(s)

iv. ☐ Other \_\_\_\_\_

### 2. Miscellaneous

a. ☐ Suspension of action on the above-identified application is requested under 37 CFR §1.103(c) for a period of \_\_\_\_\_ months (Period of suspension shall not exceed 3 months; Fee under 37 CFR §1.17(i) required)

b. ☐ Other \_\_\_\_\_

### 3. Fees

The RCE fee under 37 CFR §1.17(e) is required by 37 CFR §1.114 when the RCE is filed.

a. ☐ The Director is hereby authorized to charge the following fees, or credit any overpayments, to Deposit Account No. \_\_\_\_\_

i. ☒ RCE fee required under 37 CFR §1.17(e)

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ii. ☒ Extension of time fee (37 CFR §§1.136 and 1.17)

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750.00 OP

iii. ☐ Other \_\_\_\_\_

b. ☒ Check in the amount of \$ 750 & \$930 enclosed

c. ☐ Payment by credit card (Form PTO-2038 enclosed)

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

Name (Print / Type)

Roy J. Coleman

Registration No. (Attorney / Agent)

48,863

Signature

Date

June 3, 2003

## CERTIFICATE OF MAILING OR TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: **Mail St p RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450**

Name (Print / Type)

Marianne G. Tarczal

Signature

Date

June 3, 2003

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND Fees and Completed Forms to the following address: Assistant Commissioner for Patents, Box RCE, Washington, DC 20231.



# IANDIORIO & TESKA

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P.O. Box 1450  
Alexandria, VA 22313-1450

Subject:	Applicant:	Slon-Usakievicz <i>et al.</i>
	Serial No.:	09/351,057
	Filed:	July 12, 1999
	For:	FLUORESCENT BOMBESIN-LIKE PEPTIDES
	Group:	1614
	Examiner:	Delacroix-Muirheid, C.
	Docket No.:	PKI-194J

Dear Sir:

Enclosed is a Request for Continued Examination (RCE) Transmittal and a check in the amount of \$750.00 for the fee required under 37 C.F.R. §1.17(e). Also enclosed is an Extension of Time Within the Third Month and a check for \$930.00 for the filing fee.

If for any reason this Request for Continued Examination (RCE) Transmittal is found to be INCOMPLETE, or if at any time it appears that a TELEPHONE CONFERENCE with counsel would help advance prosecution, please telephone the undersigned or his associates, collect in Waltham, Massachusetts at (781) 890-5678.

If any payment during prosecution is found to be incorrect, please charge any deficiency or credit any overpayment to my Deposit Account No. 09-0002. A copy of this letter is enclosed for use by the Finance Branch in the event that it is necessary to make any charge or credit to my deposit account.

Kindly acknowledge receipt of the foregoing by returning the enclosed self-addressed postcard.

Sincerely,

Roy J. Coleman  
Reg. No. 48,863

RJC/mgt  
Enclosures